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and unless the plate is very hot at the start the food grows cold and greasy before the end of the meal. Various kinds of hot-water plates are procurable, but unless the illness bids fair to be a long one, it is hardly necessary to add to the already heavy expenses.

The surest way to tempt the appetite is to give a little less at first than the patient can eat, and so lead her on to desire a second portion. "L'appetit vient en mangeant," and though one may commence a meal without the ghost of an appetite, there is no telling how much may be consumed when the food is prepared and served with fastidious care.

I have seen a tray carried to an invalid with great, thick pieces of meat swimming in gravy, and surrounded by mounds of vegetables, making a meal fit only for a hungry workingman instead of a poor "shut in," who has to be persuaded to eat a few mouthfuls. It is always nicer to serve the vegetables on a separate plate, or add them to the meat after it is placed before the patient.

If an egg is to be eaten, roll it in a doily and fill the egg-glass with hot water; it takes but a moment to open at the bedside and will be far more tasty.

A little sprig of watercress or parsley gives a finish to the chop or steak, but to add a touch of beauty to the dainty tray a flower is required, even if it be only "a rosebud set with little wilful thorns," for, as Henry Ward Beecher wisely says, "Flowers are the sweetest things that God ever made and forgot to put a soul in."

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## SURGICAL NURSING

By LEILA CLARK WOODBURY

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SURGICAL nursing is a subject of such almost unlimited extent that volumes might be written on it. I shall endeavor to give the requirements of a surgical nurse; a brief outline of bacteriology and the relationship this science bears to surgery; the care of a surgical case, and some additional notes of things learned by experience.

The first requirement of a good surgical nurse is that she thoroughly understand the meaning of the word "cleanliness," and that she have the ability to carry out consistently a method by which everything unclean and unsterile is kept away from her patient and from anything pertaining to the patient. She herself, her hair, her clothes, and particularly her hands and finger-nails, must be clean. She must have the knowledge of how to make and keep things sterile, be familiar with sur-

gical instruments and their particular uses, and have had a training which has fitted her to care intelligently for all the different kinds of operative cases.

The faculty in a nurse of anticipating the operator's wants is especially appreciated by a surgeon.

Bacteria, which are minute unicellular organisms of a vegetable growth, are found everywhere excepting high in the air and deep in the earth. Their existence has been known for many years. Not quite two hundred years ago a native of Holland, who was a maker of lenses and who really produced the first good microscope, saw and described clearly various forms of bacteria found in the material scraped from the teeth of an old man who had never cleaned his teeth. Later he found the same organisms in the green scum formed on the top of an aquarium, and concluded that the germs must have found their way to the mouth through drinking water which had been stored up in barrels.

In spite of ridicule and opposition, the science of bacteriology has steadily progressed, until at the present time we have an accurate knowledge of the bacteria which produce a number of different diseases. Hence there has been a complete revolution in surgery.

To prove how very difficult it is to be rid of these germs, whose presence is so detrimental in surgery, an experiment was made in a Boston hospital.

Several covered dishes containing coagulated and sterilized blood-serum were placed in different parts of an operating-room and exposed about an hour and a half during a laparotomy. One dish was placed on the instrument-table, another by the sponge-pails, a third on the floor where the most dust would be raised, and the other on the patient's knees. The dishes were uncovered as the surgeon's knife went through the skin. At the end of the operation the dishes were sealed and taken to a laboratory, where they were placed in an incubator. After from twenty-four to seventy-two hours the plates were opened and the colonies of germs counted with the following results:

The sponge-pail plate in twenty-four hours showed two hundred and sixteen colonies; in seventy-two hours two hundred and ninety-six colonies; the instrument-table plate in twenty-four hours, two hundred and sixteen colonies; in seventy-two hours, two hundred and fifty-six colonies; the floor plate in twenty-four hours, one hundred and fifty-six colonies; in seventy-two hours, two hundred and eighty colonies, eighteen colonies of which were disease-producing germs. The operating-room previous to the operation had been made as clean as soap, water, and disinfectants could make it.

To prepare a patient for an operation, an abdominal section, for

example, the day before the operation the patient should receive an antiseptic bath, a cathartic should be given, and the bowels cleaned by a high enema. The abdomen should be shaved, scrubbed with green soap and a brush, particular attention being given to thoroughly cleansing the umbilicus, then cleansed again with sterile water, and an antiseptic dressing of bichloride of mercury, 1 to 4000, applied. Sterile gauze should be wrung out of this solution and applied over the whole field of operation. A piece of oiled silk or muslin is placed over the moist gauze, next a piece of absorbent cotton, and the whole securely fastened in place by an abdominal bandage. A vaginal douche is given, the vulva cleansed antiseptically, and an antiseptic pad applied. Fastening the lower edge of the abdominal bandage to the bandage holding the vaginal pad in place prevents the abdominal dressing from slipping out of place and exposing the field of operation. Some surgeons order a soap poultice applied over the abdomen the night before the operation. In the morning it is removed, the abdomen is scrubbed and cleansed, and the antiseptic dressing described above is applied. The soap poultice is made by cutting up antiseptic soap and cooking it to the consistency of paste, or by using soap prepared for this purpose and spreading it on sterile gauze.

The diet the day before the operation should be light. No food or medicines should be given after midnight unless particularly ordered.

On the day of the operation the patient has an antiseptic sponge-bath, a low enema at least two hours before the operation, and a vaginal douche. The hair is braided neatly in two braids and a short nightgown open at the back should be worn.

Something might be said in regard to the patient's mental state. As a rule, the preparations and, perhaps, the unfamiliar surroundings of a hospital tend to make the patient apprehensive and really in a pitiable frame of mind. A good nurse with tact can by a few cheerful or encouraging words divert the thought of the patient, or, at least, relieve her fears of the ordeal in store for her.

Before sending a patient to the operating-room remove any false teeth, catheterize her, put on surgical stockings, and wrap her up in a blanket. While the anæsthetic is being administered watch the pulse carefully and have the patient's head low.

Prepare the bed for the patient's return by placing a number of hot-water bottles with covers on them in the bed after it has been made up with fresh linen, care being taken that every wrinkle has been smoothed out, as the patient may be obliged to lie for some length of time in the same place.

In making up a surgical bed the mattress should always be protected by a rubber sheet.

Pus basins and towels should be at hand in case the patient is nauseated. The room should be put in perfect order and be made as clean as possible.

An English surgeon named Joseph Lister first introduced the method of preserving asepsis by the use of antiseptics during the performance of operations and in the treatments of wounds. In the operating-room the greatest care should be exercised in carrying out all details. It is the duty of the head nurse to attend to the instruments, sutures, ligatures, and sponges. The assistant nurses must be on the alert to renew hand solutions and wipe the moisture from the face of the operator with a sterile towel when he is not bending directly over the wound. Self-control and ability to execute orders without excitement characterize a good nurse. The sterilized towels around the wound should be renewed frequently. After the wound is closed and the dressing applied the patient is dried carefully and a bandage put on. The urine is drawn by catheter and a sterile vaginal pad applied. Before the patient is placed in bed the hot-water bottles should be removed, or if they are ordered to be retained folds of blanket should separate them from the patient. Too much care cannot be exercised in regard to this detail. A small hot-water bag placed over the heart stimulates the circulation.

If the patient be nauseated, the sides of the abdomen should be held to prevent the tearing of the wound. A pillow placed under the knees and a small pad under the back will relieve the strain on the back.

Washing the face with warm water is always gratifying to a patient who has had an anæsthetic, and cold compresses relieve the accompanying headache.

These little attentions, trivial as they may seem, give a patient confidence in the nurse and lead her to believe the nurse has her welfare at heart.

With regard to nourishment or giving the patient fluids, the nurse usually receives instructions from the physician. From personal experience I have been led to believe that a patient is less apt to be nauseated if nothing is given by mouth for twenty-four hours.

Some physicians allow the patient to rinse the mouth frequently. This again, according to my experience, does not benefit the patient, who when lying on the back is apt to swallow water involuntarily, and in nine cases out of ten will do so anyway. The thirst can be relieved by saline enemas, and if the patient can be persuaded that this is the best method, as a rule, she will be reconciled to the arrangement and better results will be obtained.

If the patient be nauseated without vomiting, a glass or two of hot water will often be beneficial by bringing up the contents of the stomach which have caused the nausea.

After nausea and vomiting have stopped sips of hot water and tea may be given, gradually increasing the amount.

Albumens and milk are liable to cause flatus and should not be given.

Nutritive or stimulating enemas may be given and the patient catheterized eight hours after the operation if unable to urinate voluntarily.

The patient must be watched closely and not be left alone for at least several hours. Signs of shock or hemorrhage, either internal or external, must be carefully watched for. Pallor, rapid pulse, and sighing respiration are symptoms of hemorrhage, and when such symptoms develop immediate action must be taken. The foot of the bed should be elevated, the physician summoned, and the patient reassured and kept perfectly quiet. Hot douches may be given in uterine hemorrhage, and in case of emergency a hypodermic injection of aseptic ergot may be administered.

The nurse should maintain a quiet demeanor, showing no signs of her anxiety.

The symptoms of shock are feeble or imperceptible pulse, coldness of skin, pallor followed by cyanosis.

Stimulants, such as brandy, strychnine, nitro-glycerine, and saline infusion, should be given subcutaneously and every effort made to assist the circulation by application of heat to the body. The nurse must exercise her best judgment in regard to anodynes and do all in her power to avoid them, as they partially paralyze the bowels, and in case of peritonitis it is almost impossible to get a good bowel action if morphine has been given.

Flatulence may be relieved by turpentine enemas given high. Inserting a rectal tube and leaving it in the bowels a short time may cause flatus to be expelled.

As the patient gradually regains her normal condition her wants should be anticipated. She should not be questioned too often as to her condition, as it may alarm her unnecessarily, and a nurse, if observant, can find out from symptoms the true condition of the patient.

No matter how trying or unreasonable the patient may be, do not display temper or impatience before her. Impress her with the fact that you thoroughly understand whatever you do, and that no one could do more to alleviate her suffering.

In regard to the care of special cases: in perineorrhaphy the sutures should be carefully irrigated after each urination or bowel movement, and then kept perfectly clean and dry, applying the prescribed powder, as aristol, boric acid, etc. The same rule applies to the hemorrhoids.

In perineorrhaphy the bowels should be kept relaxed, and in case of constipation an enema should be given, oil injected, or, if necessary,

the hard particles of fæces broken up, so that the stitches may not be torn out by a large bowel movement.

In trachelorrhaphy the patient should not be allowed to sit up until almost time for the stitches to be removed. It is well after this operation to know positively whether or not there has been any uterine packing, and if so, see that it be removed.

In case of fracture the extremity of the limb should be watched closely to ascertain whether the circulation is good.

In case of numbness in the extremities the bandage or cast should be loosened. In case of hemorrhage elevate the limb.

In the operating-room a nurse learns how to sterilize gauze, instruments, sutures,—in fact, how to make absolutely sterile by moist heat, dry heat, disinfectants, etc., anything to be used about an operation. In any part of her work a nurse who practises economy is doubly valuable. There is no department of nursing where this may be practised to greater advantage than in the care of a surgical case. Many of the materials used in this work are expensive, and a nurse by thought and good judgment may be able to lessen enormously the expense necessary at such a time; for example, one-half ounce of borolyptol diluted to the strength of 1 to 4 will be sufficient for any ordinary moist dressing. Some nurses will thoughtlessly prepare a graduate half full and have eight or ten ounces to throw away. The same rule is applicable to any ordinary solution, as peroxide, etc. Gauze, cotton, and, in fact, any of the materials, should be used economically.

A good surgical nurse must, besides practising economy, so thoroughly understand the meaning of absolute cleanliness that she shall be able so to apply her knowledge that she may make a kitchen and a stove as good an operating-room and sterilizer as may be found in an up-to-date hospital.

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## **HOSPITAL ECONOMICS, TEACHERS COLLEGE, N. Y.**

(Continued from page 615)

### **COLLEGE DORMITORY (WHITTIER HALL)**

A DORMITORY for the women students of Columbia University, known as Whittier Hall, has been erected by the Morningside Realty Company at an expense of over one million dollars. It has no official connection with the university, and the university as such assumes no responsibility for it; but the administration of the building is vested in the dean of Teachers College, in order that some direct connection may be established with the university life.